SEVENTH SUPPLEMENTAL INFORMATION DISCLOSURE STATEMENT #22

Applicant : Van L. Phillips
App. No. : 09/698,489
Filed : October 26, 2000
For : FOOT PROSTHESIS HAVING
CUSHIONED ANKLE
Examiner : Suzette Jamie Jackson
Group Art Unit : 3738

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

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OCT 01 2003
TECHNOLOGY CENTER R3700

Dear Sir:

Enclosed is form PTO-1449 listing 3 references that are also enclosed. This Information Disclosure Statement is being filed before the mailing date of a final action under 37 C.F.R. § 1.113 and before the mailing date of a Notice of Allowance under § 1.311. A certification under 37 C.F.R. § 1.97(e) is set forth below. Thus, no fee is required as set forth in 37 C.F.R. § 1.97(c).

CERTIFICATION UNDER 37 C.F.R. § 1.97(e)(1)

I hereby certify that each item of information contained in this Statement was first cited in a communication from a foreign Patent Office in a counterpart foreign application not more than 30 days prior to the filing of this Information Disclosure Statement.

Respectfully submitted,

KNOBBE, MARTENS, OLSON & BEAR, LLP

Dated: 9-24-03

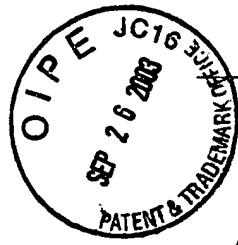
By: S. L. M.

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3738

PATENT

Case Docket No. FLEXFT.146CP2
Date: September 24, 2003



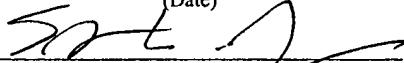
IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

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I hereby certify that this correspondence and all marked attachments are being deposited with the United States Postal Service as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on

September 24, 2003

(Date)


Scott Loras Murray, Reg. No. 53,360

TRANSMITTAL LETTER

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

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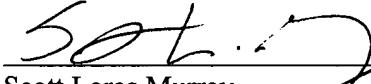
OCT 01 2003

TECHNOLOGY CENTER R3700

Dear Sir:

Enclosed for filing in the above-identified application are:

- (X) A Seventh Supplemental Information Disclosure Statement.
- (X) A PTO Form 1449 with 3 (three) references.
- (X) The Commissioner is hereby authorized to charge any additional fees which may be required, or credit any overpayment, to Account No. 11-1410.
- (X) Return prepaid postcard.


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